## USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

## U.S. Department of Justice United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF					COURT CASE NUME			
United States					3:10-CR-124, 3:11-	-CK-11		
DEFENDANT  Leslie Janous					TYPE OF PROCESS  Amended Preliminary Order, Notice			
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DE								
4						J SLIZE O		
	VX 1052cc personal wa et or RFD, Apartment No., City			024170	7)		HEE	
c/o USMS	,,,,,	•	,					
	Y TO REQUESTER AT NAM	IE AND ADDRE	SS BELOW	N	h	1	JUL 2 5 2013	
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW					Number of process to be served with this Form 285		U. S. Distric	
Anne-Marie Svolt	10						District of T	
Assistant U.S. Attorney					Number of parties to be served in this case		At Knoxville	
U.S. Attorney's Office							<del></del>	
800 Market Street, Suite 211, Knoxville, Tennessee 37902				Check for service on U.S.A.			=	
SPECIAL INSTRUCTIONS OR O	THER INFORMATION THAT	WILL ASSIST	IN EXPEDITING SE	RVICE (	Include Business and	Hernate A	ddresses	
All Telephone Numbers, and Estim				\ <u>-</u>		3	· H	
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11-FBI-001856							( * <u>*</u>	
					elicina elicina	. co		
					-	- 55 - 8		
ignature of Attorney other Originat	or requesting service on behalf	of:	PLAINTIFF	TELEPHO	ONE NUMBER	DATE		
s/ Anne-Marie Svolto			DEFENDANT	865.54	15.4167	4/15/	13	
SPACE BELOW FOR	R USE OF U.S. MA	RSHAL O	NLY DO NO	OT W	RITE BELOW	THIS	LINE	
acknowledge receipt for the total	Total Process District of	District to	Signature of Author				Date	
mber of process indicated. Origin Serve							1 24	
Sign only for USM 285 if more nan one USM 285 is submitted)	No. 19	No. 74	464				4-29-1	
hereby certify and return that I n the individual, company, corpora	have personally served, have personally served have pe	ave legal evidenc	e of service, have	executed	as shown in "Remarks	s", the proc	ess described	
I hereby certify and return that								
Name and title of individual served		, ,			A person of suit	able age an	nd discretion	
	•				then residing in			
111/					of abode	т:_		
Address (complete only different tha	n shown above)				Date /	Time (	am	
					130/13	0	′ □ pm	
					Signature of U.S. M	arshal or D	eputy / S	
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ervice Fee Total Mileage C		Total Charges	Advance Deposits		int owed to U.S. Marsh	al* or		
including endean	vors)	1		(Amo	unt of Refund*)		dr	
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REMARKS:	<u> </u>				. 6 . 5			
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PRINT 5 COPIES: 1. CLERK OF	F THE COURT				PRIOR	EDITIONS	MAY BE USED	

- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

Form USM-285 Rev. 12/15/80 Automated 01/00